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indicated unless correcte maintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new corres	pondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
33031	7590 07/19	/2010			tificate of Mailing or Trans	emission
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AUSTIN, TX 78	3/38		В	r∉nna A. Br	ogk 1	(Depositor's name)
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				10-19-70	10	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/826,888	04/16/2004		Sitaram Dontu		CIS0216US	1421
TULE OF INVENTION	: DISTRIBUTED FORV	VARDING IN VIRTUAL	NETWORK DEVICES			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/19/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
REDDIVALAM	, SRINIVASA R	2477	370-389000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Campbell Stephenson LLP			
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Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Co	orporation or other private gr	roup entity Government
Advance Order -	No small entity discount   # of Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _502306 (enclose an extra copy of this form).			
	s SMALL ENTITY state	us. See 37 CFR 1.27.	•••	•	LL ENTITY status. See 37 (	
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